



# INDIAN ASSOCIATION OF PUBLIC HEALTH DENTISTRY



## VII National Conference

3rd & 4th November 2001

Venue : Government Dental College, Bangalore

# SOUVENIR



*Towards Community Oral Health*

# IAPHD



# ORGANISING COMMITTEE

14023  
CLIC-  
CPHE



**Dr. S.S Hiremath**  
*Chairman*



**Dr. M.R Shankar Aradhya**  
*Hon. Secretary IAPHD*



**Dr. Gopi Krishna**  
*Organizing Secretary*



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*Organizing Secretary*



**Dr. R. Rekha**  
*Treasurer*



**Dr. Manjunath Puranik**  
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*Souvenir Committee*



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*Reception Committee*



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*Scientific Committee*



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*Entertainment Committee*



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*Accommodation Committee*



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**Dr. N. Vijay Kumar**  
*Co-ordination Committee*



**Dr. Padma .K. Bhat**  
*Registration*



**Dr. M. Pramila**  
*Ladies Hospitality*



**Dr. Naga Nandini .S**  
*Ladies Hospitality*





# *Heartly Welcome to the Delegates*

From :

Organising Committee  
VII National Conference of Indian  
Association of Public Health Dentistry  
Bangalore.





# ORGANISING COMMITTEE



**Dr. Devi Prasad**  
*Souvenir Committee*



**Dr. Vanishree**  
*Souvenir Committee*



**Dr. Shantha .M**  
*Ladies Hospitality*



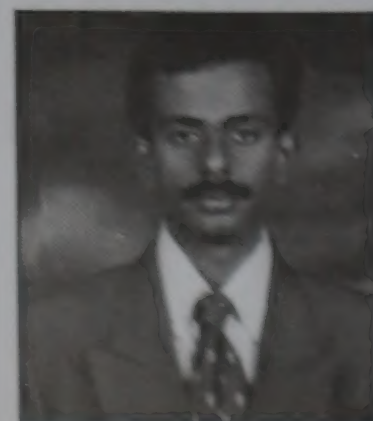
**Dr. Rashmi**  
*Reception Committee*



**Dr. Hemamalini**  
*School Program Co-ordination*



**Dr. Suma B.S**  
*Ladies Hospitality*



**Dr. H.G. Raju**  
*Co-ordination Committee*





## THE EMBLEM

The emblem of the Indian Association of Public Health Dentistry is a symbolic expression of the service to humanity by improving the oral health of the public.

IAPHD stands for Indian Association of Public Health Dentistry. The crown of the molar represents the weapon of the oral cavity i.e. teeth. The mouth mirror & probe represents the oral health survey of human beings in any area, i.e. rural or urban or semi urban. The Lotus represents enlightenment, brightness and is the symbolic representation of the National Flower indicating improvement of overall health.

The central wand with entwined snakes symbolizing Greek and Roman Gods of Health, called Hermis and Mercury, is adapted as the symbol of modern medical science. This carries symbols of the emblem of the IDA staff of Aesculapius with wings of serpents encircling around it. The staff of Aesculapius stands for the captor of authority and represents the professional authority of the Association. The serpents show the power of healing. Since serpents were regarded scared by Aesculapius, he is symbolised in modern medicine by a staff with two serpents entwined around the staff in opposite directions. The wings of the staff represents the spread of Knowledge.

## THE INDIAN ASSOCIATION OF PUBLIC HEALTH DENTISTRY

*has been formed on the firm belief that*

*Every individual has a fundamental right to his total oral health*

*The association has an obligation to fulfil this right.*

### List of IAPHD Conferences Held

1994	Bangalore	1st Conference
1995	Dharwad S.D.M.	2nd Conference
1997	Mangalore	3rd Conference
1998	Davangere	4th Conference
1999	Belgaum	5th Conference
2000	Simla	6th Conference





## **PROGRAMME 3RD NOVEMBER 2001**

*Registration & Breakfast 8.45 a.m. onwards*

*Inauguration 9.30 a.m.*

*Dental Health Exhibition by  
Dr. R. Seethalakshmi*

*Oral Health checkup programme  
for School children by  
Dr. H. Sudharshan 10.00 a.m.*

*Invocation  
Welcome Speech by  
Dr. S. S. Hiremath*

*Introduction of Dignitaries*

*Inauguration of the Conference by lighting the lamp by  
Dr. A.B. Malaka Reddy & Dr. G. Parameshwara*

*Secretary's Report by  
Dr. M.R. Shankar Aradhya*

*Presidential Address by  
Dr. R.K. Bali*

*Address by Chief guest  
Dr. G. Parameshwara*

*Inauguration of Scientific session by  
Dr. Chandrashekar Shetty*

*Release of Souvenir by  
Mr. Veerabhadra Chary*

*Vote of thanks by  
Dr. V. Gopikrishna*

### **SCIENTIFIC SESSION PROGRAMME**

*12.30 to 1.15 p.m. Guest Oration Forensic Odontology.*

*Dr. Chandrashekar*

*I Session (1.15 p.m. to 2.00 p.m.)*

*Dr. Ashok Kumar Mahapatra*

*Dr. Chandrashekar.J.*

*Dr. Balachandar Rajesh*

**2.00 p.m. to 2.45 p.m. (LUNCH)**

*III Session (4.15 p.m. to 5.45 p.m.)*

*Dr. Shivakumar, Dr. Suma.B.S.*

*Dr. Srivastava.B.K., Dr. D. Prabhu*

*Dr. Avinash.J*

*II Session (2.45 p.m. to 4.00 p.m.)*

*Dr. Naganandini*

*Dr. C.G. Ajith Krishnan*

*Dr. Jayaprakash*

*Dr. Nisi Gupta*

*Dr. Jitendra Ariga*

**4.00 p.m. to 4.15 p.m. (TEA BREAK)**

**7.30 p.m. onwards Banquet at Best Club**





## 4TH NOVEMBER 2001

8.30 a.m. to 9.00 a.m. (BREAK FAST)

9.00 a.m. to 9.45 a.m.

Guest Speaker by Dr. Sriram - ART

### *IV Session (9.45 a.m. to 11.15 a.m.)*

Dr. Padma.K.Bhat

Dr. Aruna.D.S.

Dr. Vanishree.N

Dr. Shashidhar Acharya

Dr. Pradeep.S.Tangade

Dr. Rajay Arora

11.15 a.m. to 11.30 a.m. (TEA BREAK)

### *V Session (11.30 a.m. to 1.00 p.m.)*

Dr. Shobha Sridhar

Dr. Naveen Kumar

Dr. B.R. Ashok Kumar

Dr. Madhusudan Krishna

Dr. Joe Joseph

Dr. Perneg.A.Rajak

1.00 p.m. to 1.45 p.m. (LUNCH)

1.45 p.m. to 2.00 p.m.

Guest Speaker Dr. Shastry - Ethics in Dentistry

### *VI Session (2.00 p.m. to 3.45 p.m.)*

Dr. Preetha Chaly

Dr. D.J. Veeresh

Dr. Jatinder Singh

Dr. Jithesh

Dr. Manjunath.B.C.

Dr. Pradgya Hegde

GENERAL BODY MEETING







**V. S. RAMA DEVI**  
Governor



RAJ BHAVAN  
BANGALORE

October 31, 2001

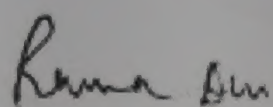
### **MESSAGE**

I am glad to learn that VII National Conference of Indian Association of Public Health Dentistry will be held during November 2001 at Bangalore.

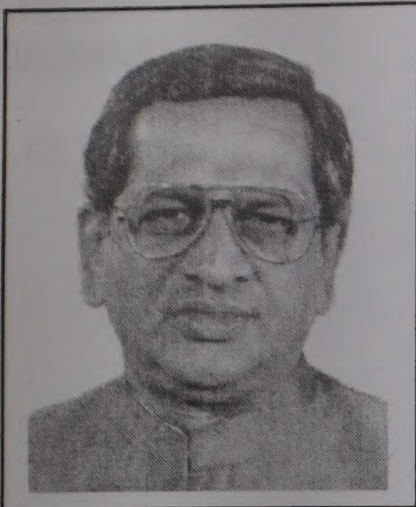
As we are all aware, Dentistry has grown by leaps and bounds. I am sure the conference will aim at simplifying the procedures adopted in the field of dentistry and throw light on improvement of oral health.

I hope that the conference will provide an opportunity for useful interaction among the participants and that the souvenir being brought out on occasion will be a useful addition to literature on the subject.

While felicitating the organisers and participants, I wish the Conference all success.

  
(V.S. RAMA DEVI)





**S.M. KRISHNA**  
Chief Minister



Telephone : Off : 2257285  
Res. : 2257602

VIDHANA SOUDHA, BANGALORE - 1

Date : 29-10-2001

### MESSAGE

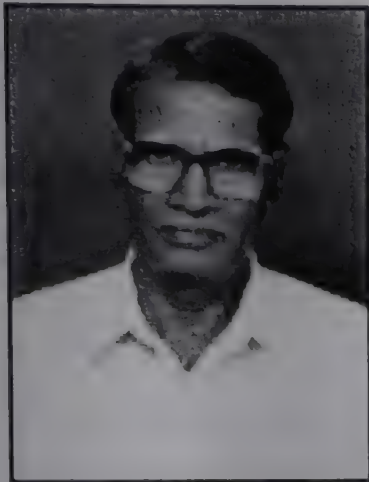
I am happy to learn that VII National Conference of Indian Association of Public Health Dentistry is being held in Bangalore.

The Medical Conventions, be it in conventional medicine or in specialised fields like Dentistry and so on would prove to be a boon to the general public, provided the deliberations result in better ways of treatment and cure. It is, most appropriate that the VII Conference of IAPHD has chosen "Towards Community Oral Health" as its Theme of the Conference. I am sure that the stress on Oral Hygiene, which is one of the most essential factors in these days, would get a fillip through this conference.

I wish the Conference every success and would like to greet the delegates and medical professionals on behalf of the people of Karnataka.

**(S.M. KRISHNA)**





Telephone : Off : 2257285  
Res. : 2257602

VIDHANA SOUDHA, BANGALORE - 1

Date : 18-10-2001

**Dr. A. B. MAALAKA REDDY**

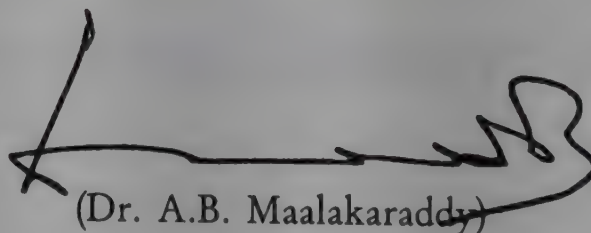
Minister for Health and  
Family Welfare

### MESSAGE

I am happy to learn that the 7th National Conference of Indian Association of Public Health Dentistry is being held at Government Dental College, Bangalore on 3rd and 4th November 2001. I am also happy to know that a souvenir is being brought on this occasion.

I am sure the conference would dwell on the subject and come out with suitable recommendations.

I wish the Conference all success.



(Dr. A.B. Maalakaraddy)





Telephone : Off : 2252193  
2092345  
Res. : 3347154

VIDHANA SOUDHA, BANGALORE - 1

Date : 15-10-2001

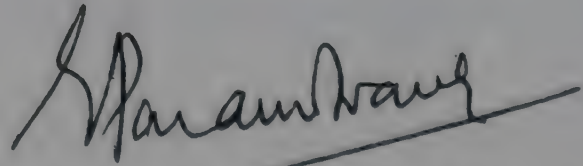
**Dr. G. PARAMESHWARA**  
Minister of State for Higher  
Education & Medical Education

### **MESSAGE**

I am very happy that the 7th National Conference of Indian Association of Public Health Dentistry is being held at Government Dental College, Bangalore. The theme of the Conference IAPHD-Towards Community Oral Health shows that the Association is working its best towards caring for oral health of the public.

I hope that the conference will be useful in carrying together all the specialists from different parts of the Country and exchange their views and knowledge in the scientific deliberations and will achieve their goal towards community oral health.

I wish the conference a grand success.

  
(Dr. G. PARAMESHWARA)





Telephone : Off : 2258004

2092496

Res. : 3368996

VIDHANA SOUDHA, BANGALORE - 1

Date : 17-10-2001

**R. ROSHAN BAIG**

MINISTER FOR TOURISM & HAJ

### **MESSAGE**

I am immensely happy to know that the 7th National Conference of Indian Association of Public Health Dentistry is scheduled to be held on 3rd and 4th November 2001. I hope that the Conference and the scientific activities will bring all the professional intelligence together and help in gaining new ideas and updating latest concepts in the field of Dental Public Health.

I wish the organisers of this Conference all the best in their endeavour and the Conference to be a grand success.

Sd/-

( R. ROSHAN BAIG )





Multistoreyed Building  
III Stage, First Floor,  
Dr. B. R. Ambedkar Road,  
Bangalore - 56 0 001  
Fax : 228910

Telephone Off : 2265559

email : secmedical@secretariat2kar.nic.in

**VEERABHADRACHARY, IAS.,**  
Secretary to Government  
Medical Education Department

Date : 15-10-2001

### **MESSAGE**

I am glad to know that 7th National Conference of Indian Association of Public Health Dentistry is celebrating 7th National Conference with the theme " IAPHD COMMUNITY ORAL HEALTH ".

I am also happy to note that the Organisers are bringing out a Souvenir on this occasion, which is expected to being useful to public.

I wish the Conference a great success.

Sd/-  
( VEERABHADRACHARY )





## INDIAN ASSOCIATION OF PUBLIC HEALTH DENTISTRY

# 53, 4th 'T' Block, Jayanagar, 11th Main, 34th Cross, Bangalore - 560 041



Date : 9th October 2001

**Dr. R. K. BALI**  
President, IAPHD

### MESSAGE

I am eagerly awaiting the forthcoming National Conference of Indian Association of Public Health Dentistry.

While entering into the new millennium we notice a revolution in communication system affording, among others, the dental profession, an opportunity to keep pace with the fast changing scenario, Now with high patient expectation, there is great need for revolutionary change in the attitude of the dentist with the use of latest technology, at the same time, also taking care of the preventive aspect for the good of the community as a whole.

I wish the Conference all the success and am confident that fruitful results will emerge with the exchange of ideas amongst the participants during the Meet.

Sd/-  
(Dr. R. K. BALI)  
President,

Indian Association of Public Health Dentistry





## RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA

4th 'T' Block, Jayanagar, Bangalore - 560 041



**Dr. S. Chandrashekar Shetty,**  
M.S.(OPH)., D.O.  
Vice-Chancellor

☎ Off : 663 8901

663 7058 (EPAX)

665 8599 (Fax)

vc@rguhs.nic.in

Res. : Telefax : 333 0954

No.PS/179/2001-02

Date : 16-10-2001

### MESSAGE

I am very happy to note that the 7th National Conference of IAPHD is being held at Government Dental College, Bangalore 3-4th November 2001.

I hope the deliberations during the conference will focus on the latest developments in Community Oral Health which will be useful to general public.

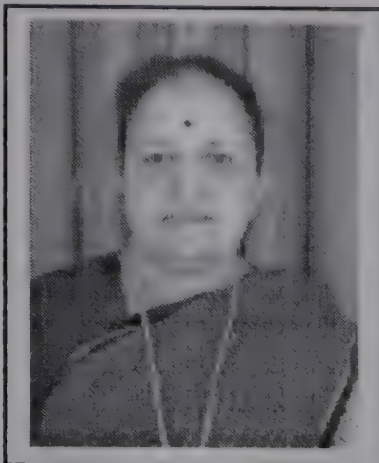
I wish the conference a grand success.

Dr. S. CHANDRASHEKAR SHETTY





**Dr. R. SEETHALAKSHMI, MD., Ph.D.,**  
Director, Medical Education



**DIRECTORATE OF MEDICAL  
EDUCATION**

Anand Rao Circle, Bangalore - 560 009

☎ (O) 2870060

2873151-203

Fax : 080-2875798

Date : 17-10-2001

**MESSAGE**

I am happy to know that 7th National Conference of Indian Association of Public Health Dentistry will be held at Government Dental College, Bangalore on 3rd and 4th November 2001, and the theme of the Conference is IAPHD - Towards Community Oral Health.

As you are aware, now-a-days more and more awareness is growing among the urban masses in taking care of the teeth. But in the rural areas and slums, the situation is not upto the mark. Even the children in the age group of 5 to 10 years are more prone towards the dental problems, which leads to permanent disability in many cases, just because of the lack of awareness. In this regard, the role of Dental College in general and that of Community Dentists in particular have a role to play. The common dental problems can be cured by conducting regular Dental Camps and giving proper treatment, and also bring awareness among the school going children.

I hope the delegates will discuss latest techniques and also the advancement made in this field, which will go a long way in finding a solution to the problems related to teeth.

I take this opportunity to congratulate the organizing committee in bringing out the souvenir on this occasion. A Souvenir will give an opportunity for the teaching faculty as well the student community to express their views and also the latest development made in the field of Dentistry.

I hope the delegates will enjoy the happy moments and the hospitality of the Conference and I wish the conference a grand success.

With warm wishes,

Sd/-  
( Dr. R. SEETHALAKSHMI )





## TASKFORCE ON HEALTH AND FAMILY WELFARE



**Dr. H. SUDARSHAN**  
Chairman

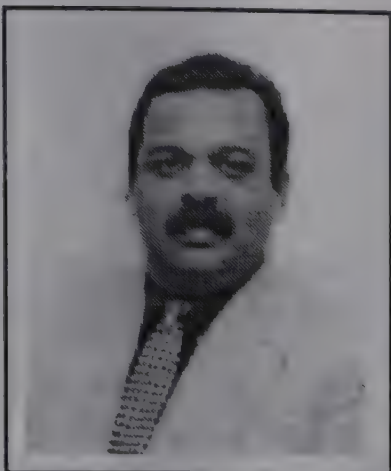
PHI Building Annex  
Ground Floor, Seshadri Road,  
Bangalore - 560 001.  
Phone : 080-2271021  
Fax : 080-2271021  
E-mail : hsudarshan@vsnl.net

### MESSAGE

Oral Health constitutes an important component of the health care system. With inadequate recognition it still receives relatively low priority in health planning and financing in the State and the Country. It gives me great pleasure to know that VII National Conference of Indian Association of Public Health Dentistry is being held in the garden city of Bangalore. I sincerely hope that the distinguished delegates will make concrete suggestions to improve the community oral health in Karnataka State and India. I wish the conference all success.

Sd/-  
**(Dr. H. SUDARSHAN)**  
Chairman





**Dr. Krishna Nayak. U.S.**

B.D.S., M.D.S. (Ortho) F.P.F.A. F.A.D.I., F.W.F.O.

*President - IDA*

**NAYAK'S DENTAL CLINIC & ORTHODONTIC CENTRE**

Attavar, N.G.Road, Mangalore-575 001.

Ph : (0824) Clinic : 423539, Res : 4555941, 452941

Fax : 0824 - 429767, e-mail : krishnkn@eudoramail.com

**MESSAGE**

***"I.A.P.H.D. - Towards Community Oral Health"***

A very appropriate theme for a speciality conference which aims towards wide spread awareness in oral health. The most service oriented among all the disciplines of Dental Science, Community Dentistry has over the years strived for perfection and maximum awareness among the masses where Dental hygiene is concerned. Though consisting of a very small group, this specialty has carved a niche for itself in the international arena and is appreciated for its quality service and dedicatedness to mankind. I congratulate them wholeheartedly for their invaluable contribution to society at large. This souvenir is being brought out to mark this wonderful 7th Conference of Indian Association of Public Health Dentistry at Bangalore. The meticulous organization and immaculate compiling is evident in the impressive and informative pages of this book. I congratulate the enterprising team behind this excellent presentation. I also take this opportunity to congratulate Dr. Bali, the man of steel who laid the foundation and helped fortify this association. I look forward to the I.A.P.H.D. going from strength to strength.

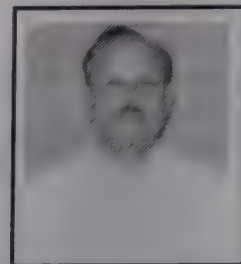
I wish the deliberations of the Conference all success.

Sd/-

**Dr. U. S .KRISHNA NAYAK**

President





## **Prof. (Dr.) N. Sridhar Shetty**

B.D.S., M.D.S. FADI, FICD, FPFA

Ex. President, Dental Council of India New Delhi

Member - Senate,

Rajiv Gandhi University of Health Sciences, Bangalore.

**DEAN/PRINCIPAL : PROFESSOR & H.O.D. OF PROSTHODONTICS  
A.B. SHETTY MEMORIAL INSTITUTE OF DENTAL SCIENCES**

Follow : Academy of Dentistry International  
Fellow : International College of Dentists  
Fellow : Pierre Fauchard Academy  
**RECIPIENT : DR. B.C. ROY NATIONAL AWARD**

Nithyananda Nagara, Mangalore-575 018. Karnataka, India.

Under the Management of Nitte Educational Trust (Regd.) Mangalore.

(Founder - Justice K.S. Hegde)

Government of Karnataka in 1969, for the first time in the History of the Country founded the Public Health Dentistry Department headed by Professor K. Mohan Das Bhat at Government Dental College, Bangalore affiliated to Bangalore University. As an Orthodontist and Public Health Dentist. He was quick to initiate and start a Post Graduate Department in the subject by 1970 at Government Dental College.

This Message has gone longway in Dental Education of India to start this as a separate subject of study at the Undergraduate and Post Graduate level and was implemented by Dental Council of India by 1983.

Oral and Craniofacial health care awareness is the key in prevention and control of all the diseases of this region.

Your Association's yeoman service has successfully made awareness of need of Public Health Dentistry particularly in all Educational Institutions.

Yours march towards the goal of Public Health Dentistry shall be marched under four 'A's.

- Awareness
- Accessibility
- Availability
- Affordability

Utilising all dental institutions in the Country for oral and craniofacial health for all especially for rural India.

I wish you all the success in organising and conducting a wonderful programme of the VII National Conference at our Garden City, Bangalore.

(Health is Wealth & Health for quality life)

Yours Sincerely,

Sd/-

**(Prof. Dr. N. Sridhar Shetty)**





# THE INDIAN ASSOCIATION OF PUBLIC HEALTH DENTISTRY (IAPHD)

Registered under the Registrar of Societies, Bangalore, No.777/93-94  
H.O. : 53, IV T Block, Jayanagar, 11th Main, 34th Cross, Bangalore - 560 041.

## PRESIDENT

Padmasri

**Dr. R.K. BALI**, BDS MPH  
20B / 3, DB Gupta Road,  
Karolbagh, New Delhi - 110 006.  
Ph : 5723336 (R)

## VICE-PRESIDENT

**Dr. NAYAK CHAND RAO**, MDS  
"Oak Dale", Sanjauli  
Shimla - 171 006  
Ph : 243124 (R)

## SECRETARY / TREASURER

**Dr. M.R.SHANKAR ARADHYA**  
B.Sc., MDS.,  
53, IV T Block, Jayanagar,  
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Ph : 6641241 (R)

## EDITOR

Journal of IAPHD

**Dr. M.B. ASWATH NARAYANAN**  
B.Sc., MDS

F3 Sriranga

5, 4th Main Road Avenue,  
Dhandeeswaram Nagar, Velachery  
Chennai - 600 042.  
Ph : 2433549 (R)

## EXECUTIVE COMMITTEE

**Dr.CVK Reddy**, MDS, Mysore

**Dr. Sequira**, MDS, Mangalore

**Dr. Shiva Kumar**, MDS, Mangalore

**Dr. Ganesh Shenoy**, MDS, Mangalore

**Dr. Anuradha**, MDS, Davangere

**Dr. Prasad**, MDS, Dharwad

To,  
**Dr. S.S. Hiremath**  
The Chairman  
VII National Conference of IAPHD  
Organising Committee  
Bangalore.

Dear Dr. Hiremath,

I am very happy to note that the VII Annual Conference of IAPHD is being held at the Government Dental College, Bangalore. You have chosen a venue most befitting for the conference as it is the birth place of the speciality of Public Health Dentistry way back in 1969.

The enthusiasm of the young, new members who are instrumental in strengthening the association as well as the spirit of spreading the concept of Public Health Dentistry across the nation is heartening.

The slogan "Towards Community Oral Health" for the conference is most appropriate as it is only through organized community efforts the nation's oral health can be wisely achieved.

I wish the conference all success.

Yours sincerely,

Sd/-

(**Dr. Shankar Aradhyam.R.**)





**Dr. S. S. HIREMATH, MDS.,**  
Conference Chairman

**Professor and Head**  
Dept. of Preventive and Community  
Dentistry, GDC, Bangalore.

☎ (O) 080-6705053

Res. : 6691371

E-mail : hiremath29@malicity.com

### **CHAIRMAN'S MESSAGE**

On the momentous and joyous occasion of the 7th National Conference of Indian Association of Public Health Dentistry at Bangalore on 3rd and 4th November 2001, I deem it a honour and privilege as chairman of Conference Organising Committee, to extend my warm fraternal greeting to all the conference delegates, and members of the Indian Association of Public Health Dentistry.

Our annual conference is perhaps the most important event in the association calendar which every member eagerly looks forward to the opportunity it offers to the members to know each other better through interaction, to keep abreast of the ever changing newer concepts and practices in community dentistry.

This year the privilege of hosting the conference at Bangalore has been bestowed on us under my stewardship. Incidentally, the present conference is being held at a place from where our speciality took a birth and this place is originator of our field of Public Health Dentistry and has grown by leaps and bounds over a period of time. I am indeed very proud of it.

Let me assure you that it will be a landmark conference in all respects - a heart warming experience to all delegates with wonderful hospitality and scintillating scientific programmes.

In this era of Globalisation, the task now ahead of us is to raise the standard of public health dentistry including prevention in practice, percepts and research, So it takes its rightful position and march towards better " Community Oral Health ". Let us strive towards this lofty goal.

I wish every delegate a very memorable and enjoyable time at this conference.

Sd/-  
( Dr. S. S. HIREMATH )





**Dr. B. K. Srivastava**  
*Souvenir Committee*

**READER,**  
**M. S. RAMAIAH DENTAL COLLEGE**

Bangalore - 560 054  
Phone : 3325290 / 3426967

### **FOREWORD**

I am extremely happy and honoured to bring out this souvenir on the occasion of the 7th National Conference of the Indian Association of Public Health Dentistry.

Keeping in mind with the theme of " **Towards Community Oral Health** ", we are moving steadily on the road towards Oral Health for all. In addition to the various activities and other programmes, this souvenir is a record collection of abstracts from 32 research papers by eminent speakers from various parts of the country.

This remarkable achievement was possible only with the whole-hearted support and encouragement of Dr. Shankar Aradhya. Dr. Hiremath S.S. and Dr. Hyder Ali. I would also like to place on record my gratitude towards all the members of the IAPHD and the members of the souvenir committee. My sincere thanks also to all our sponsors and well-wishers for their continued support.

I hope that we will continue to work together towards realising our goal of " Oral Health for all ".

Souvenir Committee  
**Dr. B. K. SRIVASTAVA**  
**Dr. DEVI PRASAD**  
**Dr. PADMA K.BHAT**  
**Dr. NAGANANDINI**  
**Dr. VANISHREE**









# **ABSTRACTS**









## ORAL HEALTH STATUS OF HASSAN DISTRICT

(An Epidemiological Study)

An Oral Health Survey was undertaken in Hassan District of Karnataka using W.H.O. 1997 Oral Health Assessment Proforma to obtain baseline data of oral health status. A Multi-stage sampling design was adopted. The study population consisted of a random selection of 2030 subjects, aged 0-4 years to 65 years and over. The survey included twelve sites in four taluks of Hassan. Majority (82%) of the subjects were from rural areas and the rest (18%) from urban areas. The results showed that 63.60% of subjects used toothbrush and paste to maintain oral hygiene. 36% reported having deleterious habits. The prevalence of dental caries in the primary dentition was 42.67% and in permanent dentition 37.51%. The dft ranged from 1.02 in 11 years to 3.10 in 8 year age group. DMFT varied from 0.06 in 8 years to 5.05 in 65 years and over. Assessment of periodontal status showed that only a very small percentage (6.03%) of the examined sample were free from periodontal disease. Calculus was found to be the predominant disorder and pockets prevailed from 30-34 years onwards. The percentage of population requiring one surface filling, two or more surface filling, crown, veneer/laminate, pulp care, extraction were 25.67%, 21.28%, 1.48%, 0.89%, 7.34% and 27.39% respectively. There was an unmet need for prosthesis particularly in the older age groups. Other disorders like Extra oral lesions, Temporomandibular joint disorders, Oral mucosal lesions, Developmental defects of enamel and malocclusion were found to be very minimal. The results of the baseline study indicate that effective dental care is needed for the improvement of the oral health status of the population.

**Dr. JOE JOSEPH**

*Lecturer*

Department of Community Dentistry  
Mahatma Gandhi Dental College & Hospital, Gorimedu  
Pondicherry.

**Dr. K. V. V. PRASAD**

*Professor and Head*

Department of Community Dentistry  
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## AIDS AWARENESS AMONG STAFF NURSES OF KASTURBA HOSPITAL, MANIPAL.

AIDS is a public health concern of almost every country in the world and especially for the health professionals and the health care workers. Awareness regarding AIDS in health care workers is crucial for AIDS management and prevention. This study was planned and carried out to assess the knowledge, attitude and practice of staff nurses regarding AIDS and to identify the areas of deficiency in the knowledge that might serve as an important target for educational intervention. A total of 292 staff nurses of Kasturba Hospital, Manipal were surveyed using a pre-tested and self administered questionnaire. 39.9% and 93.5% nurses were aware of what HIV and AIDS represented respectively. However, they also had few misconceptions particularly regarding HIV transmission. 92.4% nurses were willing to treat AIDS sero-positive patients. Practice methods adopted and knowledge for prevention among staff nurses was satisfactory. Findings suggest organisation of AIDS training sessions at regular intervals from the very inception of nursing programme to impart complete knowledge on various aspects of HIV/AIDS and removal of misconceptions.

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## CARIES PREVENTION

(Current strategies and new directions)

The aim of the study was to review literature on current methods of caries prevention. Information on caries prevention was reviewed from various sources such as textbooks, international journals and related websites to come to the current conclusions. It has been well established that caries is a multifactorial disease. Current caries preventive strategies are based on combating caries inducing factors. New directions are based on research into early caries detection techniques and a more comprehensive understanding of caries risk factors come at a time when lasers, caries vaccines, molecular-based diagnosis, replacement therapy, enhancing fluoride uptake, remineralizing agents, polymeric coatings, augmenting host resistance and nano-robotic dentifrices are used for caries prevention.

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## DENTAL CARIES EXPERIENCE AMONG 12yr, 15 yr. AND 35-44yr. OLDS IN KARNATAKA USING SIGNIFICANT CARIES INDEX (SIC INDEX)

The aim of the present study was to analyze the skewed distribution of caries in 12 yr, 15 yr, and 35-44 yr, olds in Karnataka using Significant Caries Index. Data for the study was obtained from the Karnataka State Oral Health Survey conducted by SDMCDS, Dharwad. 7553 subjects in the age group of 12 yr (1541), 15 yr (1440) and 35-44 yr, (4472) were separated and sorted out in ascending order of DMFT values in each age group. The mean DMFT for 12 yr, 15 yr. and 35-44 yr. olds was 0.8, 1.6 and 3.2 respectively. The data was analyzed using SIC Index. The DMFT values were 2.5, 4 and 7 for 12 yr, 15 yr, 35-44 yr, olds respectively according to Significant Caries Index (SIC Index). The results were found to be in accordance with WHO Global Oral Health Goal for 2015 i.e. SIC Index for 12 yr, olds should be less than 3 DMFT.

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## MICROBIOLOGICAL STUDY OF SOILED CURRENCY NOTES

A study was carried out in Mangalore City to determine the presence of Microorganisms in soiled currency notes. Ten soiled currency notes in each denomination 2, 5, 10 and 50 rupees notes were cultured and microorganisms were isolated. The sampling was done using optimum allocation.

The results indicated that the microorganisms were invariably present on all of the currency notes that were used for the study.

### **The following organisms were isolated :-**

Acinetobacter, Bacillus subtilis, Candida species, Aspergillus fumigatus, Staphylococcus aureus, Staphylococcus apidermidis, Mucor and Rhizopus.

This paper highlights the presence of microorganisms on soiled currency notes. Hence a word of caution to everyone who inevitably handle currency notes.

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## DENTAL CARE DELIVERY TO THE INSTITUTIONALISED HANDICAPPED CHILDREN IN MYSORE

Providing Health Care Services to all the people in the society is an essential requirement, our society consists of different categories of people of which the handicapped are neglected very much even in case of providing dental care to the handicapped people is considered as a difficult task because of their poor oral hygiene and lack of interest of their parents / care takers in arranging dental treatment to these children.

In order provide free dental treatment to handicapped children the Author and co-author and president INDIAN DENTAL ASSOCIATION, KARNATAKA BRANCH have conducted a free Dental treatment program at 4 Institutions for the handicapped in Mysore on 26th and 27th September 2001 and provided Dental treatments for 271 handicapped children. This program was sponsored by ROTARY CLUB, MYSORE WEST and IDA KARNATAKA STATE BRANCH.

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## **A DENTAL SURGERY ROUTINE FOR EFFECTIVE INFECTION CONTROL**

Dental Care professionals are at an increased risk of cross infection while treating patients. The Microbial pathogens have isolated from oral secretion. The incidence of certain infectious diseases has been significantly higher among dental professionals than observed for the general population.

For effective control of cross infection, the dental care professionals should know the basic knowledge of the micro-organisms, their route of spread and preventive measures against them.

A dental surgery routine for effective infection control is of vital importance to dental care professionals and deals with procedures to be followed : 1) measures before dental treatment, 2) measures before dental treatment begins. 3) measures during treatment. 4) measures after treatment.

It is important that above mentioned procedures are practical and easily understood and reproduced by wide-range of dental auxillary staff. The infection control must be economic and involve minimum loss of surgery time.

Infection can be prevented by safe cross infection control measures such as personal protection, disinfection and sterilization, hence it can very well stated that infection control is a team approach.

It can be concluded that infection control measures in dental practice are designed to protect patients, dental staff and laboratory personnel from health hazards.

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## **ORAL HEALTH STATUS OF HANDICAPPED SCHOOL CHILDREN OF BELGAUM CITY**

The purpose of the study was to determine the oral health status of handicapped children attending various handicapped schools in Belgaum City. 253 Children were examined using WHO 1997 proforma (Modified). This investigation showed that there are few differences in caries prevalence when comparing handicapped children in schools meant for handicapped with children attending other schools. However, the prevalence of untreated dental decay was greater in this sample of children and number of missing teeth was more than that found in normal children. There was greater prevalence of periodontal diseases and malocclusion in handicapped children. The periodontal diseases increased with the age.

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## EFFECT OF TOOTHBRUSH WEAR ON PLAQUE CONTROL

A study was conducted to assess the influence of toothbrush wear on plaque control. 36 third year dental students were recruited for a 3-month study. At baseline ( $T_0$ ) the students underwent scaling and polishing to obtain a plaque score of zero. The students were then randomly assigned to 2 groups. Group-I of 18 students used the same toothbrush for 3-months while Group 2 of 18 students received a new tooth brush at each monthly visit. The subjects were instructed prior to the start of the study. Recalls were scheduled after 1( $T_1$ ), 2( $T_2$ ), and 3( $T_3$ ) months. Plaque was recorded using a index developed by Podshadley & Haley (1968) and wear was recorded using the index of Wear suggested by Rawls et al (1989).

Results : No significant difference in plaque was found between 2 groups but increase in Wear Index was registered from  $T_0$  to  $T_3$  ( $p < 0.001$ ) in Group-I. Under the experimental condition of this study progressive tooth brush wear did not lead to a decrease in plaque control.

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## PREVALENCE OF ANTERIOR TEETH FRACTURE AND ITS CORRELATION WITH MALOCCLUSION AMONG THE SCHOOL GOING CHILDREN OF BELGAUM CITY AGED 12 AND 15 YEARS

3621, school going children were examined using the WHO anterior teeth fracture classification and 1997 WHO basic oral health survey proforma (Modified) was used.

The Results showed that boys had more fractured teeth as compared to girls, and it was found that sports related injuries were common.

It was concluded that as the overjet increased there were more chances for sustaining traumatic injury to the incisors.

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## ORAL HEALTH KNOWLEDGE, ATTITUDES AND PRACTICES AMONG TCH STUDENTS STUDYING IN DAVANGERE CITY

Dental Public Health practitioners can play an important role in assuring the school teachers to have current, scientifically accurate oral health information. This survey examined the oral health knowledge attitudes and practices among 200 TCH students studying in Davangere City. All the students were females, 127 were from urban areas and 73 were from rural areas. A questionnaire which covered questions on oral health knowledge, attitudes towards prevention of oral diseases, dietary habits, sources of dental health information, and practices towards oral health education in children was distributed among the students. The responses showed that the dentist was the main source of oral health information, also the knowledge of fluoride and utilization of dental services was very poor. The level of misconceptions about dentistry was high. But there was a positive outlook about taking care of children's oral health in school. The results indicate that the students were ill informed and held inconsistent opinions about basic concepts and information related to oral health. These findings suggest the need for greater public health efforts directed towards improving oral health knowledge and attitudes of this influential population.

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## FLUORIDE RETENTION IN UNSTIMULATED WHOLE SALIVA FOLLOWING THE USE OF FLUORIDE DENTIFRICE AND FLUORIDE MOUTH RINSE IN CHILDREN - A COMPARATIVE STUDY

Recent evidence has suggested that cariostatic effect of topical fluoride (F) are related to the presence of low concentration of ionic F in oral environment. The objective of the study was to compare the retention of F in oral environment over 1 hour period after the use of a F dentifrice or a F rinse.

A group of 30 children (15 in each group) aged 9-12 years brushed/rinsed in a standardized manner with a MPF fluoride Dentifrice (1000 ppm) or NaF rinse (904 ppm). Unstimulated whole saliva samples were collected at baseline and then at 2min, 30min and 1 hr. Fluoride estimation was done using fluoride specific electrode.

The results of the present study suggest that fluoride rinse is more effective means of delivering fluoride than fluoride dentifrice on the basis of retention. The retention of fluoride in saliva at a higher level even with the low fluoride concentration proves the similar cariostatic effect as of higher concentration.

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## **AN ASSESSMENT OF THE EFFECT OF A MOUTHRINSE CONTAINING CHLORHEXIDINE - SODIUM FLUORIDE ON PLAQUE AND GINGIVITIS IN COMPARISON WITH A MOUTHRINSE CONTAINING CHLORHEXIDINE ALONE IN A GROUP OF SCHOOL CHILDREN AGED 13-16 YEARS IN BANGALORE CITY.**

Periodontal disease is one of the most common chronic human disease. Most of the plaque related periodontal diseases start as gingivitis. Oral hygiene maintainance only by mechanical methods is often inadequate chemical substances in the form of mouthrinses have also been used for reducing plaque accumulation and gingivitis.

Chlorhexidine is widely used and accepted all over the globe for the same purpose. At the same time fluoride mouthrinses have been used effectively for the prevention and control of dental caries. However these is limited literature on the synergentic effect of chlorohexidine and sodium fluoride for plaque control and gingivitis. Hence a double blind clinical trial was done to compose a chlorhexidine mouthrinse with a mouthrinse containing both chlorhexidine and sodium fluoride on plaque accumulation and gingivitis in a group of school children aged 13-16 years in Bangalore City.

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## **ASSESSMENT OF ORAL HEALTH STATUS AND TREATMENT NEEDS OF THE EMPLOYEES OF CHEMICALS AND FERTILIZERS FACTORY IN MANGALORE.**

Oral health is now recognised as equally important in relation to general health. The oral tissues are extemely vulnerable to disease as they are in intimate relation with the external environment. In fact, dental manifestations may be the first signs of an occupational disease and their early detection may help us in preventing such disease. Chemical subsances are one of the principal causes of occupational diseases with the considerable expansion of chemical industries producing many synthetic formulations, there should be a vigilant check on the workers for any systemic or dental ill-effects. This study was an attempt to assess the oral health status and treatment needs of employees of chemicals and fertilizers factory in mangalore and to provide the baseline data for planning and instituting dental health programmes. A total of 304 workers and 102 administrative staff were examined over a period of two months. A significant finding of tooth surface loss was found among the workers.

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## **AIDS AWARENESS AMONG ENGINEERING LAW AND ARTS COLLEGE STUDENTS OF DAVANGERE CITY - A COMPARATIVE STUDY**

The world is in a grip of the dreaded disease AIDS and India being no exception. This disease is spreading all through the world like a wild fire and this may be due to lack of awareness among the people. The purpose of this study was to evaluate the awareness of AIDS among engineering, law and arts college students of Davangere City. The questionnaire consisting of 12 questions was prepared and distributed among the subjects. A total of 600 students, 200 from each group were selected using a random sampling method. The results were tabulated and analyzed. All the engineering students had heard about AIDS but, only about 90% of law and arts college students have heard about AIDS. Also the knowledge and awareness about AIDS was higher in engineering students as compared to law and arts students. This may be due to science background among engineering students during the pre-university curriculum. It was observed from this study that the main source of information of AIDS were obtained through television. It can be concluded that significant proportion of students were not fully aware about AIDS. So there is an urgent need to educate the people about the dreaded disease AIDS.

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## **KNOWLEDGE, ATTITUDE, PRACTICE AND ORAL HEALTH STATUS OF SCHOOL TEACHERS IN MANGALORE CITY**

Since in a country like India where oral health is neglected, and there is inadequate and uneven distribution of dentist and other health professionals it becomes extremely important that we focus on prevention at the earliest possible age. Previous studies have shown that though the knowledge about dental diseases among the schoolteachers was high, this could not be correlated with the oral hygiene status among the teachers.

So keeping this in mind the present study was carried out to assess the knowledge attitude practice and oral health status of the primary and middle school teachers. An epidemiological study was carried out on 241 schoolteachers (English and Kannada Medium) who were selected through simple random sampling. The study showed that as the educational level of the teachers increased the oral hygiene practices were more frequent and their oral health was better. Older age group teachers had a poor oral health status and higher DMFS score. Teachers using fluoridated paste had a lower DMFS compared to non-users. The most common source of dental health information was the dentist.

The study showed that relation between the knowledge and oral hygiene practices and oral health status was weak and teachers had fragmentary knowledge about effective preventive methods. Therefore the teachers must be educated so that they can impart correct information to the children in schools.

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## TOWARDS COMMUNITY ORAL HEALTH AN INSTITUTIONISED APPROACH

Oral Health Survey reports points to a alarming increase in the occurrence of Dental diseases in India. Dentists population ratio is 1:8,000 in urban areas & 1:1,00,000 in rural areas. Looking at this glaring contrast in the distribution of dentists's man power, A.B.Shetty Memorial Institute of Dental Sciences, Deralakatte, started a unique project of providing dental health care to the community of rural & peri urban areas at their doorsteps with the starting of Rural Satellite Centres way back in the year 1991. At present we are providing dental health care to the community with the help of 12 rural satellite centres located in and around Dakshina Kannada.

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## TO ASSESS AWARENESS REGARDING CONSUMER PROTECTION ACT AMONG PRIVATE DENTAL PRACTITIONERS IN MYSORE CITY

A study was conducted with an aim to assess awareness regarding consumer protection act 1986, among private dental practitioners in Mysore City. A total of 106 Private Dental practitioners were surveyed using questionnaires out of which 69.8% were males and 30.18% were females.

**Results :** The results reported that 89.6% of the Private dental practitioners are aware of consumer protection act. 56.6% felt that the health service has improved after the introduction of the act. 75.4% of them came across cases of negligence by another dentist, and service given by a non competent dentist was the reason for the negligent treatment (55.6%). Failure to attend to the patient's complaint was the major factor for the patient going against the dentist (42.5%) and filing a case in the consumer forum. Surgical procedures were more prone for claims. 82% of them felt that the matter of prosecution should be kept secret. Only 18.8% of them had the insurance cover and 95.3% were interested to get insured.

**Conclusion :** Consumer protection act mainly safeguards the interests of the consumer. So dental practitioners should be careful and render quality oral health care to prevent legal implications and come under the coverage of an insurance policy.

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## PREVALENCE OF DIFFERENT TYPES OF MALOCCLUSION AND TREATMENT NEEDS IN URBAN AND RURAL SCHOOL CHILDREN AGED BETWEEN 11-15 YEARS IN BANGALORE DISTRICT

The aim of this study was to determine the Point Prevalence of different types of Malocclusion and treatment needs in both Urban and Rural School children aged between 11-15 years in Bangalore District. A Null hypothesis was propounded stating that there was no difference in the prevalence of different types of Malocclusion and treatment needs in Urban and Rural School Children. A list of 2500 odd Schools was obtained from Commissioner Public Instructions, Bangalore. The Schools were then selected using the Cluster Sampling (and also Convenience sampling with random assignment). Sample size was determined using Prevalence of Malocclusion in previous studies, using the formula  $n = \frac{Z^2 \cdot P(1-P)}{d^2}$ , at 95% confidence level. The level of significance was present at  $\alpha = .05$  and also  $\alpha = .01$ , as and when required. Using the above formula the sample was determined to be 654. However, finally, 931 school children were examined. The indices used were the Dental Aesthetic index by Cons et al (1986, Univ of IOWA) and the Handicapping Malocclusion Assessment Record (HMAR by Salzmann in 1968). Using the DAI 709 School Children were examined, as the 11 year old students numbering 222 were not examined using it. And using the HMAR, all the 931 school children were examined. The data was entered in the PC using Foxpro ver 2.1 and finally it was analysed using the Statistical Package for Social Sciences (SPSS) at National TB Institute, Bangalore. The test of significance made use of was the Chi Square Test, as the data was Nominally scaled, and the Correlation between various parameters was determined using the Spearman Rho Correlation co-efficient or the Pearson Product Moment Correlation co-efficient as and when required.

The summary of the results is as follows. 500 Urban school children and 431 Rural school children were examined finally. On the whole ( $n=931$ ), Malocclusion was found to be in 96.3% of the school children examined. 44.8% of the School children had Class-I Malocclusion, 28% had Class-II Malocclusion and 23.1% of the School children had Class-III Malocclusion. Ideal & Normal occlusion was an exception rather than the rule and found in the remaining school children. Furthermore, the null hypothesis was rejected as the difference in prevalence of different types of Malocclusion in urban and rural school children was found to be statistically significant at the predetermined levels of significance. Such a high prevalence of Class-III malocclusion was explained based on two facts. Firstly, the School children examined were Indians, racially different from Caucasoids, with low Prevalence of ClassIII malocclusion reported in various studies in the USA being that in the Caucasoids. And secondly, the school children examined were aged between 11-15 years, with active mesial drift of the molars at these ages due to Transition from the mixed to the Permanent Dentition.

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## ORAL HYGINE HABITS, ORAL HYGIENE AND CARIES STATUS OF RURAL SCHOOL GOING CHILDREN IN MANGALORE

School age children by and large constitute roughly quarter of the total population in India. However compared to the rapid expansion of schools the provision of health care to these children are very poor. The peripheral health services are less and rural school dental services are almost non-existent in India. The present study was conducted to find out the oral cleansing habits, oral hygiene levels and caries status of rural school going children in Mangalore.

A total of 278 school going children of 12 years old were examined in 5 different rural schools (of which 3 were Govt. schools and 2 were Private) in Guruvayanakere, Belthangady Taluk, Mangalore. A proforma having questions regarding teeth cleansing methods were filled separately for each student and examined with a help of plane mouth mirror and explorer. Results were analyzed with the help of Fischer exact test and chi-square tests.

In general it was found that oral hygiene habits and oral hygiene status were poor in Govt. School children when compared to private school children. A mean DMF of 1.34 and 1.22 and a mean DMF of 0.69 and 0.51 were recorded in Govt. and Private Schools respectively with no missing and filled teeth in deciduous dentition. As the enormity of the situation in our country is serious especially in school age children, conscious masses and the dental professionals have to create awareness about the importance of oral hygiene and also use preventive measures to improve the oral health status.

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## ASSOCIATION BETWEEN TOBACCO SMOKING PERIODONTAL STATUS AND EARLY LOSS OF TEETH AMONG BANK EMPLOYEES OF MYSORE CITY

A total of 1010 available bank employees of Mysore City were examined in the age group of 18-60 years, among them males were 768 and females were 242 out of which 239 were smokers and 771 were non smokers. The aim was to know the association between tobacco smoking, periodontal status and early loss of teeth among them. The data regarding periodontal status and loss of teeth was recorded by using WHO oral health assessment form (1986) and also information regarding smoking habits was collected by giving a questionnaire to the individuals. The examination was done under natural day light by using mouth mirror and CPITN probe. Cold sterilization method was followed by using Korrsolox.

**Results :** The percentage of sextants affected with deep pockets among smokers was 59.8 and for non-smokers 31.2, the difference was statistically significant ( $P < 0.05$ ). Percentage of teeth lost among smokers was 62.45 and for non smokers 35.86, the difference was statistically significant ( $P < 0.05$ ).

**Conclusion :** The present study suggests that, there is a strong association between smoking, poor periodontal status and early loss of teeth.

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## **A STUDY OF FEEDING HABITS AND IT'S RELATION TO EARLY CHILDHOOD CARIES EXPERIENCE IN YOUNG CHILDREN OF 1-3 YEARS AGE IN BANGALORE CITY**

"Nursing caries or Early childhood caries is a specific form of rampant caries affecting the primary teeth of infants as a result of improper feeding habits and/or prolonged unrestricted bottle and breast feeding. The present study was conducted to assess the relationship between feeding habits and the occurrence of early childhood caries in young children of 1-3 years age.

Young children aged between 1-3 years attending the pediatric outpatient departments of Government Hospitals in Bangalore City along with their parents formed the study group. Sample size of 440 children was decided after conducting a pilot study in 50 children. The survey design; First, the clinical examination of the child to assess dental caries experience. Secondly, a questionnaire designed in both English and regional language Kannada to elicit information. Chi-square test is carried out at 5% level of significance ( $\alpha = 0.05$ ).

A total of 440 children, of which 235 (57.5%) males and 187 (42.5%) females with age ranging from 12 months to 36 months were examined. Among them 15% children are having ECC and 85.0% children were free from ECC.

Among 440 children, majority of children, 11.4% having ECC belongs to 31-36 months of age. 10% children having ECC come from lower socio-economic class.

Significantly high number of children 33 (7.5%) having ECC were on breast and bottle feeding compared to other methods of feeding. Majority of children, 8.3% were on breast and bottle-feeding for 18 months duration. More number of children having ECC were fed more than 3 times a day. More number of children were free from ECC whose mothers had better awareness and knowledge.

Significantly high numbers of children having ECC were on breast and bottle-feeding. As the duration of breast and bottle feeding increases there is no increase in the caries experience among children and majority of children having ECC come from lower lower socio-economic class. Prevention of ECC on the whole had been focussed on education of mothers mainly to alter the feeding practices and there by reducing mutans-streptococci infection. These educational programs to be focused on prospective parents and new parents.

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*Professor & Guide*





## KNOWLEDGE AND ATTITUDE ABOUT HIV INFECTION AND AIDS AMONG DENTAL PROFESSIONALS IN BANGALORE CITY

The increasing number of persons with HIV Infections and AIDS is creating greater demand on health care system including dentistry. Despite this very slim possibility of contracting this infection, dental professionals show a disturbing reluctance to treat HIV infected/AIDS patients. This is a matter of concern because as health care professionals, dentists can provide both diagnostic and therapeutic care for these patients.

The present study was conducted

- To assess dental professionals knowledge of HIV infection and AIDS
- To assess their attitude towards HIV infected patients
- To recommend for updating through continuing education programs about HIV infection and AIDS for the dental professionals.

Among the sample of 550 dental professionals a pre-tested questionnaire about HIV infection & AIDS was distributed. Data were statistically analyzed using SPSS pct. In this study overall knowledge score of the dental professional was better compared to their overall attitude score. But dental professionals need greater awareness in both the areas.

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**Dr.S.S.Hiremath, MDS**  
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## SIGNIFICANT CARIES INDEX - A REVIEW

In 1981, WHO declared that the global average for DMFT at the age of 12 should not exceed 3. It has been found that over a period of twenty years, nearly 70% of the countries in the world have succeeded in achieving this goal, or have never exceeded this border line value - a great step towards "Health for All". Mean DMFT value does not accurately reflect the caries situation due to the skewed distribution of caries prevalence shown in many countries. This may lead to some incorrect conclusion that the caries situation for the whole population is controlled, while in reality, several individuals still have caries. In order to bring attention to the individuals with the highest caries values in each population under investigation, a new index the SIC (Significant Caries Index) was introduced. This review discusses the calculation and implications of SIC.

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Pondicherry - 605 006.





## **EFFECT OF MALNUTRITION ON DENTAL CARIES IN ANGANWADI CHILDREN OF UDUPI TALUK**

Malnutrition is a man made disease of Public Health importance affecting humans all-over the World. In India, the prevalence of malnutrition is around 65%. Nutritional deficiency fuels the disease affecting the human body. So an epidemiological study has been carried out to correlate the relationship between malnutrition and dental caries.

The result showed that 36% of the children in the Anganwadis were acutely malnourished and 50% of the children were chronically malnourished. It was noted that the dental caries steadily increased as the grades of malnutrition increased. The mean "def" score was 2.58 in the normal category and 4.64 and 6.57 in the Grade-I and Grade-II acute malnutrition. The mean "def" score was 3.17 in the normal category and 5.59 and 6.20 in Grade-I and Grade-II chronic malnutrition category.

**Dr.Balachandar Rajesh, M.D.,**

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## **ORAL HEALTH STATUS AND TREATMENT NEEDS OF INDIVIDUALS BELONGING TO THE LOWER SOCIAL CLASS IN MANGALORE - A COMPARATIVE STUDY**

In a developing country like India, dental health is given low priority especially among the lower social class. The objectives of this epidemiological survey were 1) To assess the oral health status and treatment needs of the lower social class living in Mangalore. 2) To compare the data obtained with the middle social class living in Mangalore. The sanitary workers of the Mangalore City Corporation and the teachers of Aided High Schools in Mangalore represented the lower and the middle social classes, respectively. Sampling methodology used was of cluster sampling. Following a pilot study, 154 sanitary workers and 155 school teachers were examined clinically using the WHO Oral Assessment Form 1986. Particulars regarding demographic data, oral hygiene habits, and personal habits were recorded. Statistical analysis was done using Chi square test and ANOVA.

The results showed that 1) The practice of poor oral hygiene habits, as well as the practice of personal habits like use of tobacco were more and very highly significant in sanitary workers compared to school teachers. 2) The mean number of sextants with shallow pockets or deep pockets was more and very highly significant in sanitary workers compared to school teachers. 3) The mean DMFT was more and very highly significant in school teachers compared to sanitary workers. Thus, there was a marked variability in the distribution of oral diseases between the two social classes and the need for dental health care and education was more in lower social class compared to middle social class living in Mangalore.

**Dr.Preetha Chaly**

Chennai.





## **CARIES EXPERIENCE OF BETTLE CHEWERS IN A VILLAGE COMMUNITY- A PILOT STUDY**

A pilot study was under taken to find out caries experience in a village community, Cuttack District of Orissa. A total of 150 families consisting of about 800 members, were examined in a house to house survey. There were nearly 500 bettle chewers in various age groups. it was observed that only 20% of the bettle chewers had experience of dental caries where as 65% of non-chewers of bettle had experience of dental caries in various age group. Incidentally it was further observed that number of missing tooth in bettle chewers were significantly higher (70%) compared to non-chewers of bettle (30%). This may be attributed to oral clearance of plaque and carring causing bacteria in habitual bettle chewers there by deduction of dental caries experience. Further study was recommended.

**Dr.Ashok Kumar Mohapatra**

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## **ORAL HEALTH STATUS AND TREATMENT NEEDS OF PRISONERS IN CENTRAL JAILS - KARNATAKA** (AN EPIDEMIOLOGICAL STUDY)

A total of 960 prisoners in central jails of Bangalore, Mysore, Bellary, Gulbarga, Bijapur and Belgaum were examined in the age group of 15 to 75 years, among them males were 863 and females were 97. The aim was to assess the oral health status and treatment needs of prisoners in central jails-Karnataka, to know their oral hygiene practices and to suggest measures for improving their oral health status.

Oral hygiene practices among the prisoners was recorded. Only 29.1% of the prisoners were using tooth brush and tooth paste and 61.9% prisoners had the habit of cleaning their teeth with any of the following materials like, charcoal, brick powder, mud and salt.

85.3% of the prisoners had poor oral hygiene status and the DMFT was 2.9, the prevalence of periodontitis was 95.6%. 77.5% had wasting diseases and the prevalence of submucous fibrosis was 2.1% and 34.2% of prisoners needed dentures and only 3.9% of them were wearing dentures.

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## **ROLE OF RURAL DENTAL CARE CENTER AS COMPREHENSIVE DENTAL CARE IN COMMUNITY DENTISTRY - KAIWARA RURAL DENTAL HEALTH CENTER**

Community dentistry has been catering to the dental needs of the population in the form of; community dental programmes, treatment camps utilizing mobile dental units, incremental dental care to school children etc. There is a pressing need for consistent provision and supervision of the dental health of the population which the routine dental camps and treatment programmes fail to satisfy. The setting up of Rural Dental Health Centers is very much essential to carry out community related dental care activities. This paper enlightens about the importance of rural dental health centers in community dentistry.

Kaiwara Rural Dental Health Center has been projected as an ideal Rural Dental Center which has been subjected to upgradation and calibration.

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Bangalore

## **PREVALENCE OF MALOCCLUSION AND ORTHODONTIC TREATMENT NEEDS AMONG HIGH SCHOOL STUDENTS OF HUBLI - DHARWAD CITIES**

This study was conducted to know the prevalence of malocclusion and orthodontic treatment needs among high school students of Hubli-Dharwad Cities. Dental Aesthetic Index (DAI) was used for collecting the data. Stratified Random sampling technique was used. Sample size examined in this study was 2283. Subjective orthodontic treatment need was found in 3.28% of individuals 47.54% of students were found to have varying degrees of malocclusion according to DAI. 3.10% had handicapping malocclusion with orthodontic treatment mandatory. Males had greater degree of malocclusion compared to females ( $P < 0.05$ ). Severity of malocclusion was found to reduce with age ( $P < 0.01$ ). There was a significant difference ( $P < 0.01$ ) in the occurrence of DAI scores between Indians and other populations except Malaysians. Average DAI score in this study was 24.6. The results will help in the future planning of orthodontic treatment.

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## EARLY EXPOSURE OF THE STUDENTS TO COMMUNITY THROUGH A COMMUNITY ORIENTED CURRICULUM - AN INNOVATIVE APPROACH

Community Dentistry has been expanding in scope and complex city with more emphasis being placed on total Dental care delivery system. It is of great importance for both developing and underdeveloped countries. Through this Dental services can be provided on a large scale to the masses within limited resources.

Hence an attempt was made to introduce this subject into the BDS programme since the first year onwards through multidisciplinary, integrated approach.

Hoping, this early exposure of the students to the community will inculcate among the students the spirit of sympathetic attitude towards the underprivileged and at least some of the new graduates will be better equipped to meet the oral health needs of the population especially rural population.

By this type of program it is expected that the community also will be empowered to improve their own oral health through selfcare at a very little cost.

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## ASSESSMENT OF PERIODONTAL STATUS AMONG PEOPLE RESIDING IN VARYING CONCENTRATIONS OF FLUORIDE IN DRINKING WATER

Numerous studies report shows that fluoride available in water reduces dental caries, but little evidence is available regarding the effect of fluoride on the periodontal tissues. The purpose of this study was to determine the periodontal status in varying concentrations of fluoride using Plaque Index (Silness & Loe); Gingival Index (Loe and Silness) and Community Periodontal Index.

The study results shows that increase in fluoride concentration decreased plaque accumulation, decreased the severity of gingivitis, decreased calculus, shallow pocket and deep-pocket and also reduced loss of attachment.

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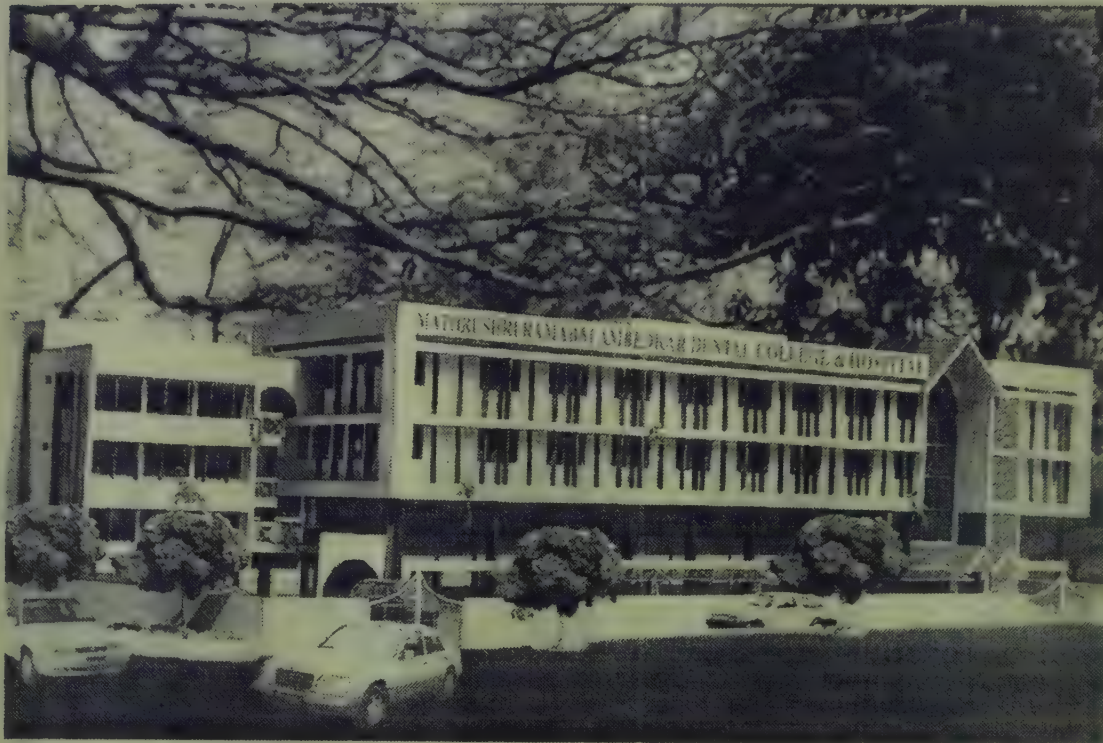


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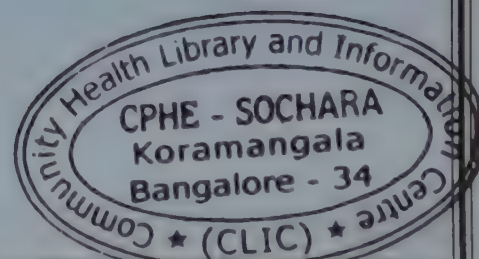
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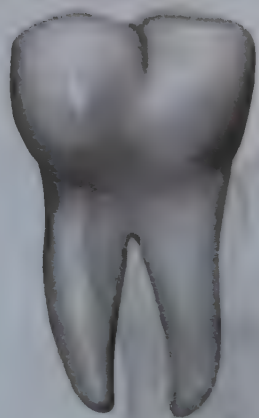
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# Fuji IX

Fuji IX is a glass ionomer restorative for posterior teeth where higher compressive strength and better wear resistance is required.

Fuji IX was developed in conjunction with the WHO Collaboration Centre for Oral Health Services Research, University of Groningen, the Netherlands for use in the Atraumatic Restorative Treatment (ART) Technique.

## Benefits of the ART Technique

- ◆ Low cost, high technology oral health care
- ◆ Non-threatening treatment procedure
- ◆ No electricity or electrically driven equipment needed; can treat patients even in isolated areas
- ◆ Easily transported in a small bag

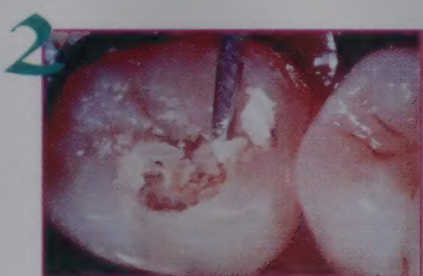
## Benefits of Fuji IX

- ◆ Specifically developed for the ART Technique
- ◆ High viscosity offers excellent handling properties
- ◆ High compressive strength and increased wear resistance enables placement in posterior restorations
- ◆ Chemical bond to tooth structure
- ◆ Fluoride release lowers chance of recurrent caries
- ◆ No shrinkage; and coefficient of thermal expansion similar to tooth

## Step - by - Step Clinical Procedure — ART Technique and Fuji IX



1 Case selected for ART Technique. Case should not exhibit any pulpal involvement.



2 Creating better access to the cavity with ART Instrument 3.19



3 Excavation of carious dentin using ART Instrument 3.17



4 Condition the cavity for 20 seconds using Fuji IX Multipurpose Mixing Liquid and Dentin Conditioner.



5 The conditioner is rinsed away, the cavity is dried but not dessicated.



6 Mixing of Fuji IX must be completed in 30 seconds



7 Fuji IX placed on the cavity and finger pressure applied firmly into the cavity and fissures with a gloved finger lubricated with Cocoa Butter. Remove the finger sideways after a few seconds.



8 Quickly remove excess material with the carver end of ART Instrument 3.22



9 Cover the entire surface of the Fuji IX with Fuji Varnish using a cotton pellet. Allow to dry to form a protective film.



10 The finished restoration.



For more information, contact:

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